

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 21, 1999 8:00 am  
Secretary of State

07-21-1999 90007 041 \*\*\*550.00

DOCUMENT # P96000069032

1. Corporation Name  
J. B. ROGERS CITRUS, INC.

Principal Place of Business  
917 S.E. LAKEVIEW DRIVE  
SEBRING FL 33870

Mailing Address  
917 S.E. LAKEVIEW DRIVE  
SEBRING FL 33870



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

184 Huntley Oaks Blvd.  
Suite, Apt. #, etc.

2a. Mailing Address

184 Huntley Oaks Blvd.  
Suite, Apt. #, etc.

City & State

Lake Placid, FL

City & State

Lake Placid, FL

Zip

33852

Country

USA

Zip

33852

Country

USA

3. Date Incorporated or Qualified

08/19/1996

4. FEI Number

65-0689714

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

HUBBARD, CONRAD E  
5701 MAIN STREET  
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROGERS, JASON B  
STREET ADDRESS 917 S.E. LAKEVIEW DRIVE  
CITY-ST-ZIP SEBRING FL 33870

TITLE S  
NAME ROGERS, AMBERLEE P  
STREET ADDRESS 917 S.E. LAKEVIEW DRIVE  
CITY-ST-ZIP SEBRING FL 33870

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P  
1.2 NAME Rogers, Jason B.  
1.3 STREET ADDRESS 184 Huntley Oaks Blvd  
1.4 CITY-ST-ZIP Lake Placid, FL. 33852

2.1 TITLE D/Sec/Treas  
2.2 NAME Rogers, Amberlee P.  
2.3 STREET ADDRESS 184 Huntley Oaks Blvd.  
2.4 CITY-ST-ZIP Lake Placid, FL. 33852

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amberlee Rogers

7-116-99

Date

Daytime Phone #

CR2E034 (11/98)